

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

11-826093

CLAIMS

	AS FILED		AFTER AMENDMENT		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		↓		↓	
TOTAL DEP.	33		←		←	
TOTAL CLAIMS	34		←		←	

	AS FILED		AFTER AMENDMENT		AFTER RE-AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			←		←	